

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS ROAD INDIANAPOLIS, IN46214			
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F0000	<p>This visit was for Investigation of Complaint IN00089400. This visit resulted in a partially extended survey-immediate jeopardy.</p> <p>Complaint IN00089400- Substantiated. Federal/state deficiencies related to the allegations are cited at F279, F314, and F325.</p> <p>Survey dates: April 18 and 19, 2011 Extended survey dates: April 20 and 21, 2011</p> <p>Facility number: 000188 Provider number: 155291 AIM number: 100266310</p> <p>Survey team: Chuck Stevenson RN, TC Rita Mullen RN (4/19, 4/20, and 4/21, 2011)</p> <p>Census bed type: SNF: 5 NF: 5 SNF/NF: 92 Total: 102</p> <p>Census payor type: Medicare: 15 Medicaid: 74</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Review on or after May 21, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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F0279 SS=D	<p>Other: 13 Total: 102</p> <p>Sample: 3 Supplemental sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/26/11 by Jennie Bartelt, RN.</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review, observation and interview, the facility failed to ensure care was planned and updated related to prevention of pressure ulcers for</p>			F0279	<p>F279 Comprehensive Care Plans It is the practice of this facility to use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility develops a comprehensive care plan for each resident that</p>		05/21/2011

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	<p>residents at risk and with history of pressure ulcers; dietary needs for the resident at risk for nutritional compromise; and psychosocial needs for the resident who refused needed care. The deficient practice affected 1 resident in a sample of 3 (Resident B) and 2 residents in a supplemental sample of 3 reviewed for pressure ulcers. (Residents D and E)</p> <p>Findings include:</p> <p>1. During an observation on 4/21/11 at 11:15 A.M., Resident D was resting in bed on a scoop mattress, on her back, and the head of the bed was elevated 30 degrees.</p> <p>The clinical record of Resident D was reviewed on 4/21/11 at 9:45 A.M.</p> <p>Diagnoses for Resident D included, but were not limited to, Alzheimer's dementia, diabetes, Parkinson disease, peripheral vascular disease and chronic renal deficiency.</p>				<p>includes measureable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident D was reassessed by a licensed nurse and a Wound Consultant. Care plan has been updated to reflect new interventions to include Roho mattress and increase in supplements. Supplements continue to change as the needs of the resident change. · Resident E's wound has healed and preventative measures are in place including the utilization of Roho overlay and an extra thick barrier cream. Resident's care plan has been updated to include new interventions i.e roho cushion, extra thick barrier cream and no brief in bed. · Resident B no longer resides at the facility therefore no corrective action could be taken. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Residents with actual/potential for skin breakdown and weight loss</p>		

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	<p>A Nursing Admission Assessment, dated 5/4/10, indicated Resident D had "2 small pressure ulcers on buttocks" when admitted to the facility.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/11/11, indicated Resident D was totally dependent on the assistance of two staff members for repositioning in bed and for transfers, was incontinent of bowel and bladder, was at risk for the development of pressure ulcers and had no unhealed pressure ulcers.</p> <p>A Plan of Care, dated 8/10/10 and reviewed on 11/10/10, 1/27/11 and 4/11/11, indicated the resident was at risk for skin break down due to: "decreased mobility, being incontinent of bowel and having a diagnosis of peripheral vascular disease. Resident has end stage Alzheimer's disease with unavoidable skin break down." Interventions included, but were</p>				<p>have the potential to be effected by the alleged deficient practice. · Licensed Nurses, and Interdisciplinary team have been re-educated on identification and appropriate interventions for those at risk/actual skin breakdown and weight loss by Nurse Consultant/SDC by May 9 2011. · The Interdisciplinary team was re-educated on May 9, 2011 on the care plan process by the Nurse Consultant. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Residents are assessed upon admission, quarterly, annually and with significant changes to identify those residents who are at risk for skin breakdown and nutritionally at risk. · The Interdisciplinary team will review residents new admissions/readmissions during the clinical meeting to identify those residents at risk for skin breakdown and ensure appropriate interventions are in place and care planned. · RAI process includes reviewing of resident assessments and care plans quarterly, annually and with significant change. · Licensed Nurses will round on their shift to ensure residents plan of care is being followed. · Nurse Managers will monitor MAR/TAR 3 x a week to ensure</p>		

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	<p>not limited to: "Turn and reposition at least every two hours, incontinent care as needed..., assess and document skin condition weekly..., pressure reducing/redistribution mattress on bed, pressure reducing/redistribution cushion in chair..., preventive treatment as ordered, bridge heels off bed while in bed every shift as a preventive." On 4/19/11 the following was added to the Plan of Care: "has open areas on bilateral buttocks, tx (treatment) as ordered and fortified cereal." No new interventions were put in place to prevent pressure ulcers.</p> <p>A Physician's Summary, dated for the month of April 2011, indicated the resident had been on super cereal since 5/12/10.</p> <p>A Dietary Progress note, dated 1/11/11 (no time noted), indicated, "...Con't (continue) [with] Super cereal in A.M. - ensure plus 240 ml (milliliters) - [every] day. Res</p>				<p>compliance with plan of care. · Licensed nurses will ensure documentation of supplements is documented in cc's and treatment are documented as orderedHow the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A Care Plan Continuous Quality Improvement tool will be utilized week x 4, monthly x 2, and quarterly thereafter. · Data gathered will be reviewed by the CQI committee. If threshold is not achieved, an action plan may be developed to include re-education/disciplinary action to ensure compliance.What is the date by which the systemic changes will be completed? · May 21, 2011</p>		

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	<p>(resident) receives hospice care....Family agrees to con't - no tube feedings or aggressive tx (treatment)...." The next Dietary note was dated 2/11/11 and noted the open area on the buttocks was healed.</p> <p>A physician's order, dated 1/18/11, indicated, "Cleanse area to [left] buttocks [with] normal saline pat dry, cover [with] Allevyn [every] 3 days & PRN (as needed)...."</p> <p>An Interdisciplinary Team (IDT) Progress Note, dated 1/27/11 (no time noted), indicated, "IDT review of wounds: area to buttocks is healed...."</p> <p>A physician's order, dated 4/19/11 at 9:00 A.M., indicated, "Allevyn to bilateral buttocks q other day and PRN spoilage or dislodgement."</p> <p>A Pressure Wound Skin Evaluation Report, dated 4/19/11 (not time noted), indicated a stage II (partial-thickness loss of dermis) on</p>						

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	<p>the right buttocks .7 x .6 x <.1 centimeters and a stage II on the left buttocks .5 x .5 x <.1 centimeters.</p> <p>There were no nursing notes regarding these new open areas to the buttocks.</p> <p>Information regarding any preventive measures to avoid future pressure ulcers that were put in place was requested from the Executive Director during interview on 4/21/11 at 1:30 P.M. No information was received prior to exiting the facility.</p> <p>2. During an observation, on 4/21/11 at 11:25 A.M., Resident E was resting in bed on a scoop mattress, on her left side, and the head of the bed was elevated 20 degrees.</p> <p>The clinical record of Resident E was reviewed on 4/21/11 at 8:45 A.M.</p>						

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	<p>Diagnoses for Resident E included, but were not limited to, Alzheimer's disease, depression, Parkinson disease and peripheral vascular disease.</p> <p>An annual MDS, dated 3/9/11, indicated Resident E required the extensive assist of two staff members to reposition in bed and for transfers, was incontinent of bowel and bladder, and was at risk for pressure ulcers.</p> <p>A Plan of Care, dated 3/24/2011, indicated, "Resident is a risk for skin breakdown being dependent of staff for bed mobility, being incontinent of bowel and bladder, impaired mobility, resident slides down in bed, having diagnoses of peripheral vascular disease, anemia, and hypothyroidism, and impaired cognition related to Alzheimer's dementia." Approaches included, but were not limited to, "Turn and reposition at least every two hours, check and change every 2 hours, assess and document skin condition</p>						

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	<p>weekly...,pressure reducing/redistribution mattress on bed, supplements as ordered and elevate heels in bed check every shift." The Plan of Care was updated on 4/19/11, "open area to buttock" and the approaches were updated to include "tx as ordered." No new approaches were put in place to prevent pressure ulcers.</p> <p>An IDT note, dated 11/24/10, indicated, "IDT review of wound: Res has Stage II open area to [right] buttocks...."</p> <p>A Physician's Note, dated 11/30/10, indicated Resident E had a history of an abrrated (sic) area on the right buttocks, had ordered Allevyn on 11/17/10, and the area was healed.</p> <p>A Dietary Note, dated 3/8/11, indicated, "Con't [with] puree - [with] NTL [nectar thick liquids] et [and] 2-cal 120 ml BID (twice a day) - fortified foods - [no] noted skin issues but hx (history) of o/a's (open areas) noted...."</p>						

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	<p>A Physician's Note, dated 3/29/11, indicated Resident E had a reddened area on the right buttocks.</p> <p>A Weekly Skin Assessment, dated 4/15/11, indicated the right buttocks continued [with] pink colored area.</p> <p>A Physician's order, dated 4/19/11, indicated, "TX to open area on buttocks: clean [with] NS, apply Allevyn q [every] 3 days and PRN soiling or dislodgement."</p> <p>A Pressure wound Skin Report, dated 4/19/11, indicated a stage II pressure ulcer on the buttock: .5 x .4 x <.1 centimeters.</p> <p>There were no nursing notes regarding this new open area to the buttocks.</p> <p>Information regarding any preventive measures to avoid future pressure ulcers that were put in place was requested from the</p>						

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	<p>Executive Director during interview on 4/21/11 at 1:30 P.M. No information was received prior to exiting the facility.</p> <p>3. The record of Resident B was reviewed on 4/18/11 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to, acute renal failure, rhabdomyolysis (muscle wasting leading to renal failure), diabetes mellitus, phlebitis, hypertension, hypothyroidism, chronic obstructive pulmonary disease, coronary artery disease, dementia, and psychosis.</p> <p>An Initial Minimum Data Set (M.D.S.) assessment dated 2/20/11 indicated Resident B had poor appetite, required assistance for activities of daily living including extensive assistance- one person physical assist for bed mobility, and needed limited assistance-one person physical assistance for eating.</p> <p>A "Pressure Wound Risk Assessment" dated 2/9/11 indicated, "...the resident is at risk for developing skin breakdown. Proceed to care plan with appropriate interventions." The assessment did not document Resident B's level of risk for pressure wounds.</p> <p>Resident B had a care plan for the</p>						

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	<p>problem of "Potential skin breakdown related to impaired mobility, being incontinent of bowel and bladder and having a risk for developing pressure ulcers." The care plan had a "Problem Start Date" of 2/22/11. Approaches to this problem were:</p> <p>Turn and reposition every 2 hours. Offer to toilet every 2 hours. Incontinence care as needed using peri wash and moisture barrier. Assess and document skin condition weekly and as needed. Notify MD of abnormal findings. Encourage resident to eat at least 75% of meals. Pressure reducing/redistribution mattress on bed.</p> <p>An undated, hand written note was added to the care plan, indicating "Unstageable wound to coccyx...contributing factors include: poor dietary intake with low prealbumin, noncompliant with repositioning at times." Nurse's notes document this coccyx wound to be first identified on 3/27/11.</p> <p>An approach was added stating the name of a nutritional supplement. There was no amount of consumption or frequency stated. There were no goals, timetables, or measurable objectives, or any other</p>						

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	<p>instructions, for the implementation for this approach.</p> <p>The care plan included no approaches to address the stated problem of Resident B being noncompliant with repositioning, dressing changes, incontinence care, or refusal of care.</p> <p>Resident B had a care plan with a stated problem of "Requires a therapeutic diet related to related to need for dialysis" date 2/22/2011. The care plan's approaches to this problem were:</p> <p>Provide diet per MD order. Honor known food preferences that are within limitations of diet restriction. Monitor weights weekly. Notify MD/Family of significant weight changes. Monitor food/fluid intake at meals. Offer substitute if less than 75% of any meal is consumed. Educate resident on importance of diet compliance, re-direct if possible to accept diet plan.</p> <p>A Dietary Progress Note dated 2/11/11 indicated Resident B's weight was 179.5 pounds at admission.</p> <p>An I.D.T. (Interdisciplinary Team) Note of 4/6/11 indicated a current weight of</p>						

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	<p>161 pounds, a 10.3 percent weight loss since admission.</p> <p>A Dietary Progress Note of 3/11/11 indicated Resident B was started on a dietary supplement on 3/2/11. There were no other resident-specific dietary interventions noted. There were no additional Dietary Progress notes after 3/11/11.</p> <p>A physician's order dated 3/11/11 indicated Resident B's weight was to be documented before and after dialysis. The record contained no documentation of these weights.</p> <p>A physician's order dated 3/4/11 indicated Resident B was to receive 60 ml (millimeters) of a dietary supplement for 30 days, and the amount consumed was to be documented in the resident's record. The resident's record contained no documentation of the amount of the supplement the resident consumed.</p> <p>During an interview with the Dietary Supervisor on 4/19/11 at 10:25 a.m. with the D.N.S present Resident B's meal consumption records were reviewed. The Dietary Supervisor indicated she had computed Resident B's average meal consumption for the month of March to be 50%. She indicated no changes to</p>						

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	<p>Resident B's diet care plan had been made in response to this assessment. The Dietitian and D.N.S. both agreed the dietary supplement consumption had not been documented as ordered, and that pre and post dialysis weights had not been recorded.</p> <p>A nurse's note dated 3/27/11 at 2:00 p.m. indicated, "...open area found on coccyx 2 small openings on each cheek. (Symbol for "right") cheek wound is 5 cm (centimeters) x 1.5 cm wound bed is pink and clean. (Symbol for "left") cheek wound is 3 cm x 1.3 cm wound bed is yellow with black outer side..."</p> <p>During an interview on 4/18/11 at 1:45 p.m. the Assistant Director of Nursing indicated Resident B had been noncompliant with care, including refusing treatment of his pressure sores, refusing incontinence care, and refusing to eat.</p> <p>Resident B's care plans contained no documentation of any plan or interventions to address his refusal of care.</p> <p>Nurse's notes concerning Resident B's participation in his care included:</p> <p>3/06/11 2:00 p.m. "...refused to get out of</p>						

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	bed for breakfast..." 3/07/11 2:00 p.m. "Encouraged resident to do more with care. Refuses to attempt to do anything for himself." 3/08/11 2:00 p.m. "...C/O (complains) he can't feed himself..." 3/09/11 11:00 a.m. "Refuses to attempt to to assist with care...states 'I can't...'" 3/21/11 2:00 p.m. "Requires co-ercing (sic) to encourage resident to do anything. for himself. He states 'I can't...'" 3/22/11 2:00 p.m. "...always saying 'I can't do it, you need to do everything for me.'" 3/29/11 6:00 p.m. "Repositioned...Resident refuses at times..." 3/30/11 2:00 p.m. "...Resident will wiggle self back to lying on back..." 3/31/11 11:00 p.m. "...Resident resistive to turning..." 4/02/11 2:00 a.m. "...Res has refused to turn from side to side..." 4/05/11 3:00 a.m. "...res continues to turn back to back-refuses to (arrow pointing down, symbol for "decrease") pressure on coccyx area..." Resident B had no care plan problems, goals, or interventions for Resident B's statements he was unable to help himself and was in need of staff interventions, or his refusal to comply with interventions, including positioning, identified for his						

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	<p>pressure sores.</p> <p>During an interview on 4/19/11 at 9:15 a.m. the D.N.S. indicated she did not know why Resident B's care plans had not been updated to address the issues of significant weight loss, including his meal consumption of 50%, his refusal of care and positioning, and the resident's stated need for additional help from staff</p> <p>At exit on 4/21/11 at 4:00 p.m. no additional documentation of updates to Resident B's care plans was provided.</p> <p>This federal tag relates to Complaint IN00089400.</p> <p>3.1-35(a)</p>						

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F0314 SS=J	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident at risk for development of pressure ulcers did not develop pressure ulcers. The facility failed to plan and implement care for prevention of pressure ulcers. The facility failed to clarify and implement physician's orders for pressure relief and treatment when pressure ulcers developed. The defective practice affected 1 of 3 residents reviewed related to pressure ulcers in a sample of 3 (Resident B) and 2 of 3 residents reviewed for pressure ulcers in a supplemental sample of 3 (Residents D and E). Resident B developed two pressure ulcers, which increased in size and number to multiple pressure ulcers to the coccyx and buttocks, including wounds described as Stage 3 or 4. Resident B was hospitalized with diagnoses including sacral decubitus ulcer, hypotension, and sepsis.</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate</p>			F0314	<p>F314 Treatment/Svcs To Prevent/heal Pressure Sores The facility is requesting an IDR for this deficiency.It is the practice of this provider based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infections and prevent new sores from developing.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?· Resident D was assessed by a licensed nurse and a Wound Consultant with new interventions care planned to include a Roho overlay and additional nutritional supplements. Supplements continue to change as the needs of the resident changes. ·</p>		05/21/2011

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	<p>Jeopardy was identified on 4/19/11 and began on 3/27/11. The Director of Nursing Services, the Director of Nursing Services Specialist, and the Executive Director were notified of the Immediate Jeopardy on 4/19/11. The Immediate Jeopardy was removed on 4/21/11, but the facility remained out of compliance at a level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because the facility continued to physically assess residents for pressure sore and nutritional risks, identify appropriate interventions, update care plans and nutritional assessments, and inservice all staff.</p> <p>Findings include:</p> <p>1. A facility policy titled "Skin Management Program," dated 1/10, received from the Director of Nursing Services (D.N.S.) on 4/19/11 at 9:15 a.m., and indicated to be the facility's current policy indicated:</p> <p>"Policy: It is the policy of (name of the facility's parent company) to assess each resident to determine the risk of potential skin integrity impairment...</p> <p>Procedure: 2... Residents identified at risk as determined by the reason(s) indicated on the assessment will be provided with</p>				<p>Resident E's wound is healed. Preventive interventions include a Roho overlay, nutritional supplements and an extra thick barrier cream. Care plan has been updated to reflect current interventions. · Resident B no longer resides at the facility therefore no corrective action could be taken. · A skin sweep was completed at the facility to aid in identifying any alterations in skin integrity On 4-20-2011.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Residents who are at risk for pressure sores have the potential to be effected by the alleged deficient practice. · Licensed Nurses and certified nursing assistants have been re-educated on wound prevention/interventions by the Nurse Consultant/SDC during the week of May 2, 2011. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Licensed Nurses will complete a weekly head to toe assessment on every resident. The certified nursing assistants complete shower sheets on specific shower days and immediately inform the charge nurse of any alteration in skin integrity. i.e. redness,</p>		

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	<p>pressure relieving devices. A care plan will be developed specific to the resident's needs. including prevention interventions. Direct care givers will be notified of the resident's specific prevention interventions...Pressure reduction devices are to be put in place immediately...The licensed nurse will notify the wound nurse of any alterations in skin integrity. The facility assigned wound nurse will complete a further evaluation of wounds identified. The care plan will be initiated/revised addressing any new areas. Direct care givers will be notified of skin alterations and specific care instructions."</p> <p>A facility policy titled "IDT Review of Residents with Weight and Nutritional Concerns, dated 1/10, received from the D.N.S. on 4/19/11 at 9:15 a.m., and indicated to be the facility's current policy indicated:</p> <p>"Residents to review: ...Residents anticipated losing weight prior to triggering weight loss. Residents with significant weight loss.</p> <p>Initial IDT note documentation or residents with weight loss or nutritional concerns...Risk factors for the weight loss to include but not limited to: (1) diagnosis, (2) Medications, (3) Relevant</p>				<p>open areas, rashes, etc.· All reported or assessed changes in skin integrity will be reported to the physician and family with appropriate treatment and interventions in place. Resident's plan of care will be updated to reflect current interventions. · Charge nurse and nurse managers are rounding at a minimum of 3 x per shift to ensure interventions are in place per plan of care. · Interdisciplinary team reviews physician orders and changes in condition during morning meetings.· A wound nurse/designee is assigned to the facility and completes wound rounds with the interdisciplinary team on a weekly basis. · Wound Consultant will round weekly on wound rounds and make recommendations as appropriate in progress notes Progress notes are reviewed with wound nurse· The Interdisciplinary team reviews wound round documentation from wound nurse and wound consultant and develops appropriate interventions based upon progress/regress of the wound. The Interdisciplinary team documents weekly in each individual resident medical record.· The wound nurse will</p>		

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	<p>lab results and (4) behaviors and (why the weight loss has occurred...Interventions that are specific to the resident include but are not limited to: (1) calorie dense foods, (2) large portions during bests meals and (3) supplements if food items are ruled out. (4) Pharmokinetics...Updates to nurse aide sheets...Updates to care plans including if possible resident input and preferences.</p> <p>Follow up IDT notes if not gaining weight:...New interventions specific to each resident...Update to care plans including if possible resident input and preferences and whether the resident or family were able to participate in the care plan."</p> <p>2. The record of Resident B was reviewed on 4/18/11 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to, acute renal failure, rhabdomyolysis (muscle wasting leading to renal failure), diabetes mellitus, phlebitis, hypertension, hypothyroidism, chronic obstructive pulmonary disease, coronary artery disease, dementia, and psychosis.</p> <p>An Initial Minimum Data Set (M.D.S.) assessment, dated 2/20/11, which indicated Resident B had poor appetite, required assistance for activities of daily</p>				<p>audit shower sheets and weekly skin assessments for alteration with skin integrity.· MAR/TAR audit will be conducted 3 x week to ensure documentation of supplements are documented in cc's and treatments are completed as ordered· Residents' plans of care and assignment sheets are updated during morning meeting and communicated to the direct care staffHow the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>· Quality Improvement tool will be utilized weekly x 4, monthly x 2 and quarterly thereafter to ensure compliance.· Data gathered will be reviewed by the CQI committee and action plans will be developed if threshold is not achieved.· Licensed nurses and CNAs will be reeducated on wound prevention no less than quarterly by Staff Development coordinator. Pressure ulcer prevention will be reviewed during orientation programs with licensed nurses and CNAs What is the date by which the systemic changes will be completed?May 21, 2011</p>		

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	<p>living including extensive assistance- one person physical assist for bed mobility, and needed limited assistance-one person physical assistance for eating.</p> <p>A "Nursing Admission Assessment" for Resident B, dated 2/9/11, indicated the resident had no pressure sores on admission to the facility.</p> <p>A "Pressure Wound Risk Assessment," dated 2/9/11, indicated, "...the resident is at risk for developing skin breakdown. Proceed to care plan with appropriate interventions." The assessment did not document Resident B's level of risk for pressure wounds.</p> <p>Resident B had a care plan for the problem of "Potential skin breakdown related to impaired mobility, being incontinent of bowel and bladder and having a risk for developing pressure ulcers." The care plan had a "Problem Start Date" of 2/22/11. Approaches to this problem were:</p> <p>Turn and reposition every 2 hours. Offer to toilet every 2 hours. Incontinence care as needed using peri wash and moisture barrier. Assess and document skin condition weekly and as needed. Notify MD of abnormal findings.</p>						

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	<p>Encourage resident to eat at least 75% of meals.</p> <p>Pressure reducing/redistribution mattress on bed.</p> <p>An undated, hand written note was added to the care plan, indicating "Unstageable wound to coccyx...contributing factors include: poor dietary intake with low prealbumin, noncompliant with repositioning at times."</p> <p>An approach was added stating the name of a nutritional supplement. There was no amount or frequency stated. There were no goals, timetables, or measurable objectives for this approach.</p> <p>The care plan included no approaches to address the stated problem of Resident B being noncompliant with repositioning.</p> <p>Resident B's "Weekly Skin Assessment" sheets indicated:</p> <p>2/18/11: No concerns.</p> <p>2/25/11: Skin tear on left knee</p> <p>3/05/22: No concerns.</p> <p>3/11/11: Subclavian port, site intact.</p> <p>3/18/11: No concerns.</p> <p>3/25/11: No concerns.</p> <p>4/01/11: Open area to coccyx-odor noted. Yellow eschar noted.</p> <p>4/11/11: (Symbol for "increased") Fluids</p>						

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	<p>encouraged...Tx (treatment) to coccyx cont (continued)...area (symbol for "with") dark center-white edges- increased odor...</p> <p>A Dietary Progress Note, dated 2/11/11, indicated Resident B's weight was 179.5 pounds at admission.</p> <p>An I.D.T. (Interdisciplinary Team) Note of 4/6/11 indicated a current weight of 161 pounds, a 10.3 percent weight loss since admission.</p> <p>During an interview with the Dietary Supervisor on 4/19/11 at 10:25 a.m. Resident B's meal consumption records were reviewed. The Dietary Supervisor indicated she had computed Resident B's average meal consumption for the month of March to be 50%.</p> <p>A Dietary Progress Note of 3/11/11 indicated Resident B was started on a dietary supplement on 3/2/11. There were no other resident-specific dietary interventions noted. There were no additional Dietary Progress notes after 3/11/11.</p> <p>A physician's order, dated 3/11/11, indicated Resident B's weight was to be documented before and after dialysis. The record contained no documentation of</p>						

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	<p>these weights.</p> <p>A physician's order, dated 3/4/11, indicated Resident B was to receive 60 ml (millimeters) of a dietary supplement for 30 days, and the amount consumed was to be documented in the resident's record. The resident's record contained no documentation of the amount of the supplement the resident consumed.</p> <p>Resident B's nurse's notes from admission on 2/09/11 through 3/26/11 found no documentation of any skin care issues or concerns. There was no documentation of any turning or repositioning in the nurse's notes during this period.</p> <p>A nurse's note, dated 3/27/11 at 2:00 p.m., indicated, "...open area found on coccyx 2 small openings on each cheek. (Symbol for "right") cheek wound is 5 cm (centimeters) x 1.5 cm wound bed is pink and clean. (Symbol for "left") cheek wound is 3 cm x 1.3 cm wound bed is yellow with black outer side..."</p> <p>During an interview on 4/18/11 at 1:45 p.m. the Assistant Director of Nursing indicated Resident B was noncompliant with care, including refusing treatment of his pressure sores, refusing incontinence care, and refusing to eat.</p>						

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	<p>Resident B's care plans contained no documentation of any plan or interventions to address his refusal of care.</p> <p>Nurse's notes concerning Resident B's participation in his care included:</p> <p>3/06/11 2:00 p.m. "...refused to get out of bed for breakfast..."</p> <p>3/07/11 2:00 p.m. "Encouraged resident to do more with care. Refuses to attempt to do anything for himself."</p> <p>3/08/11 2:00 p.m. "...C/O (complains) he can't feed himself..."</p> <p>3/09/11 11:00 a.m. "Refuses to attempt to to assist with care...states 'I can't...'"</p> <p>3/21/11 2:00 p.m. "Requires co-ercing (sic) to encourage resident to do anything. for himself. He states 'I can't...'"</p> <p>3/22/11 2:00 p.m. "...always saying 'I can't do it, you need to do everything for me.'"</p> <p>3/29/11 6:00 p.m. "Repositioned...Resident refuses at times..."</p> <p>3/30/11 2:00 p.m. "...Resident will wiggle self back to lying on back..."</p> <p>3/31/11 11:00 p.m. "...Resident resistive to turning..."</p> <p>4/02/11 2:00 a.m. "...Res has refused to turn from side to side..."</p> <p>4/05/11 3:00 a.m. "...res continues to turn back to back-refuses to (arrow pointing</p>						

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	<p>down, symbol for "decrease") pressure on coccyx area..."</p> <p>Resident B had no care plan problems, goals, or interventions for Resident B's statements he was unable to help himself and was in need of staff interventions, or his refusal to comply with interventions, including positioning, identified for his pressure sores.</p> <p>During an interview on 4/19/11 at 10:45 a.m. the Director of Nursing Services indicated Resident B had been on a high density foam mattress, the standard for all residents in the facility, throughout his stay.</p> <p>A physician's telephone order order, dated 3/27/11 at 2:00 p.m., indicated, "Cleanse wound on coccyx (symbol for "with") NS (normal saline) pat dry apply (trade name of an enzymatic debriding ointment) to left sided wound bed cover with 2 x 2 cover with dry dressing". The order did not contain a frequency for this treatment. The treatment, when done, was done on a daily basis.</p> <p>A "Pressure Wound Skin Evaluation Report," dated 3/27/11, indicated Resident B had a Stage 1 pressure sore on both his right and left buttocks, with the left buttock wound measuring 5.0 by 1.5</p>						

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	<p>centimeters, and the left measuring 3.0 by 1.3 centimeters.</p> <p>During an interview with the facility's parent corporation's Director of Clinical Services on 4/21/11 at 11:30 a.m., she indicated that based on the documentation of Resident B's pressure sores on 3/27/11 at 2:00 p.m. the pressure sore on Resident B's right buttock should have been identified as a Stage 2, and the pressure sore on the left buttock should have been identified as Unstageable.</p> <p>A "Pressure Wound Skin Evaluation Report," dated 4/1/11, indicated Resident B had a Stage 5 (unstageable) pressure sore on both his right and left buttocks, with the left buttock wound measuring 4.0 by 6.0 centimeters, and the left measuring 4.0 by 6.0 centimeters.</p> <p>Medication Administration Records did not document this treatment being done on 3/28/11, 3/30/11, 4/2/11, 4/9/11, or 4/10/11.</p> <p>A physician's order, dated 4/8/11, indicated, "May use Waffle Mattress until RoHo mattress (an air mattress) is available." The record contained no documentation of either mattress being used.</p>						

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	<p>A nurse's note, dated 4/11/11 at 8:15 p.m., indicated, "Res. (resident) noted to have several pink/purple discolorations, non-blanchable areas on left buttocks, hip and (arrow pointed down) lower back. Areas have appearance of deep tissue injuries. Left lower buttock: 4 x .5 cm, left buttock: 3 x 3 cm, left front of hip: 1 x 8 cm, yellow in color, left posterior hip: 9 x 10 cm, left lower hip: 7 x 11 cm. Multiple pink/purple areas across lower left back. Res. also noted to be warm to the touch, T (temperature) 103.1 axillary (under the arm). M.D. notified and order received to send res. to ER (emergency room)."</p> <p>Hospital records indicate Resident B was evaluated in the emergency room on 4/11/11, and admitted to the hospital on 4/12/11. Admitting diagnoses included decubitus ulcers and severe sepsis.</p> <p>A hospital Admission Note, dated 4/12/11, indicated: "History was obtained by both the wife and the ECF (Extended Care Facility). Since his discharge from (acute care hospital) on 2/9, the patient has progressively declined in status from being ambulatory with assistance to being bed bound with decubitus ulcers and urinary incontinence. His nutritional status has diminished and per the ECF he has lost 20 lbs. in the last month. He has gradually lost ability to feed himself. Over</p>						

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	<p>the last week he has had more significant decline...In the last 3 days, he has had increased lethargy as well."</p> <p>A hospital Discharge Note, dated 4/20/11, indicated:</p> <p>"Admission diagnosis: Sepsis. Discharge diagnoses: Septic shock, Sacral pressure ulcers, UTI, anemia, rhabdomyolysis, diabetes mellitus...</p> <p>Admission History...He was also found to have two sacral decubitus ulcers with large eschars for base. He has undergone progressively worsening decline in mental and physical status, developing decubitus ulcers, a UTI, loss of 20 lbs., and inability to feed himself...Sacral pressure ulcers: debrided 4/15...stage 3-4, unable to stage definitively due to debris. ..Pt. on air bed with frequent turning and BID (twice a day) wound changes. Plastic surgery was consulted 4/18, recommended hydrotherapy/pulse lavage daily and packing large ulcer with moist-to-dry dressings twice per day...verified need for regular, aggressive wound care..."</p> <p>3. During an observation, on 4/21/11 at 11:15 A.M., Resident D was resting in bed, on a scoop mattress, on her back and the head of the bed was elevated 30 degrees.</p>						

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	<p>The clinical record of Resident D was reviewed on 4/21/11 at 9:45 A.M.</p> <p>Diagnoses for Resident D included, but were not limited to, Alzheimer's Dementia, diabetes, Parkinson disease, peripheral vascular disease and chronic renal deficiency.</p> <p>An Nursing Admission Assessment, dated 5/4/10, indicated Resident D had "2 small pressure ulcers on buttocks" when admitted to the facility on 5/4/10.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/11/11, indicated Resident D was totally dependent on the assistance of two staff members for repositioning in bed and for transfers. Was incontinent of bowel and bladder, was at risk for the development of pressure ulcers and had no unhealed pressure ulcers.</p> <p>A Physicians order, dated 1/18/11, indicated, "Cleanse area to [left] buttocks [with] normal saline pat dry, cover [with] Allevyn [every] 3 days & PRN (as needed)...."</p> <p>An interdisciplinary Team (IDT) Progress Note, dated 1/27/11 (no time noted), indicated, "IDT review of wounds: area to</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>buttocks is healed...."</p> <p>A Plan of Care, dated 8/10/10 and reviewed on 11/10/10, 1/27/11 and 4/11/11, indicated the resident was at risk for skin break down due to: "decreased mobility, being incontinent of bowel and having a diagnosis of peripheral vascular disease. Resident has end stage Alzheimer's disease with unavoidable skin break down. Interventions included, but were not limited to: Turn and reposition at least every two hours, incontinent care as needed..., assess and document skin condition weekly..., pressure reducing/redistribution mattress on bed, pressure reducing/redistribution cushion in chair..., preventive treatment as ordered, bridge heels off bed while in bed every shift as a preventive. On 4/19/11 the following was added to the Plan of care: has open areas on bilateral buttocks, tx (treatment) as ordered and fortified cereal." No new interventions were put in place to prevent pressure ulcers.</p> <p>A Physicians' order, dated 4/19/11 at (:00 A.M., indicated, "Allevyn to bilateral buttocks q other day and PRN spoilage or dislodgement."</p> <p>A Pressure Wound Skin Evaluation Report, dated 4/19/11 (not time noted), indicated a stage II on the right buttocks .7</p>						

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	<p>x .6 x <.1 centimeters and a stage II on the left buttocks .5 x .5 x <.1 centimeters. No drainage.</p> <p>There were no nursing notes regarding these new open areas to the buttocks.</p> <p>4. During an observation, on 4/21/11 at 11:25 A.M., Resident E was resting in bed on a scoop mattress, on her left side and the head of the bed was elevated 20 degrees.</p> <p>The clinical record of Resident E was reviewed on 4/21/11 at 8: 45 A.M.</p> <p>Diagnoses for Resident E included, but were not limited to, Alzheimer's disease, depression, Parkinson disease and peripheral vascular disease.</p> <p>An Annual MDS, dated 3/9/11, indicated Resident E required the extensive assist of two staff members to reposition in bed and for transfers, was incontinent of bowel and bladder, and was at risk for pressure ulcers.</p> <p>An IDT note, dated 11/24/10, indicated, "IDT review of wound: Res has Stage II open area to [right] buttocks.</p> <p>A Physician's Note, dated 11/30/10, indicated Resident E had a history of an</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>abraded area on the right buttocks, had ordered Allevyn on 11/17/10 and the area was healed.</p> <p>A Dietary Note, dated 3/8/11, indicated, "Con't [with] puree -[with] NTL [nectar thick liquid] et [and] 2-cal 120 ml BID (twice a day) - fortified foods - [no] noted skin issues but hx (history) of o/a's (open areas) noted...."</p> <p>A Plan of Care, dated 3/24/2011, indicated, "Resident is a risk for skin breakdown being dependent of staff for bed mobility, being incontinent of bowel and bladder, impaired mobility, resident slides down in bed, having diagnoses of peripheral Vascular disease, anemia, and hypothyroidism, and impaired cognition related to Alzheimer's dementia. Approaches included, but were not limited to, Turn and reposition at least every two hours, check and change every 2 hours, assess and document skin condition weekly...,pressure reducing/redistribution mattress on bed, supplements as ordered and elevate heels in bed check every shift." The Plan of Care was updated on 4/19/11, "open area to buttock and the approaches were updated to include "tx as ordered." No new approaches were put in place to prevent pressure ulcers.</p>						

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	<p>A Physician's note, dated 3/29/11, indicated Resident E had a reddened area on the right buttocks.</p> <p>A Weekly Skin Assessment, dated 4/15/11, indicated the right buttocks continues [with] pink colored area.</p> <p>A Physician's order, dated 4/19/11, indicated, "TX to open area on buttocks: clean [with] NS, apply Allevyn q [every] 3 days and PRN soiling or dislodgement."</p> <p>A Pressure wound Skin Report, dated 4/19/11, indicated a stage II pressure ulcer on the buttock: .5 x .4 x <.1 centimeters. No drainage.</p> <p>There were no nursing notes regarding this new open area to the buttocks.</p> <p>Information regarding any preventive measures to avoid future pressure ulcers that were put in place was requested from the Executive Director on 4/21/11 at 1:30 P.M. No information was received prior to exiting the facility.</p> <p>During an interview with the Executive Director, on 4/22/11 at 1:30 P.M., she indicated there was no air mattress in use in the facility.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>An Immediate Jeopardy was identified on 4/19/11 at 2:45 p.m. The Immediate Jeopardy began on 3/27/11 when the facility failed to ensure a resident at risk for development of pressure ulcers did not develop pressure ulcers, failed to plan and implement care for prevention of pressure ulcers, and failed to clarify and implement physician's orders for pressure relief and treatment when pressure ulcers developed. The Director of Nursing Services, the Director of Nursing Services Specialist and the Executive Director were notified on 4/19/11 at 3:20 p.m. of the Immediate Jeopardy related care and services for pressure ulcer prevention and treatment. The Immediate Jeopardy was removed on 4/21/11 at 4:50 p.m. when through observations, interview, and record reviews, it was determined the facility had implemented the plan of action to remove the Immediate Jeopardy and that the steps taken removed the immediacy of the problem. Resident assessments, audits of all resident records by the facility, plans of correction for discovered concerns, and employee services were reviewed. Residents with pressure sores were observed to assess treatment and condition. Even though the facility's corrective action removed the Immediate</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	Jeopardy, the facility remained out of compliance at a reduced scope and severity level of isolation. No actual harm with potential for more than minimal harm. There is no immediate jeopardy. This federal tag relates to Complaint IN00089400. 3.1-40(a)(1) 3.1-40(a)(2)						

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F0325 SS=J	<p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview, the facility failed to ensure a resident at risk for weight loss and not maintaining therapeutic nutritional level received adequate nutritional interventions to prevent significant weight loss by not assessing nutritional needs in a timely fashion, monitoring nutritional supplement intake as ordered by the physician, not responding to the resident's repeated requests for additional assistance from staff, and not updating the resident's dietary care plan. This deficient practice affected 1 of 6 residents reviewed related to weight loss and nutritional status in a sample of 3 and a supplemental sample of 3. (Resident B). Resident B developed significant weight loss. The resident was hospitalized with diagnoses including sacral decubitus ulcer, hypotension, and sepsis.</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate Jeopardy was identified on 4/19/11 and</p>		F0325	<p>F325 Maintain Nutrition Status unless unavoidable The facility is requesting an IDR for this deficiency.It is the practice of this facility based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and receives a therapeutic diet when there is a nutritional problem.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?· Resident B no longer residents at the facility therefore no corrective action can be taken.· Nursing staff were reeducated to the delivery and documentation of meal service and between meal nourishments, food and fluid intake record and bedtime snack by the SDC on May 6, 2011How will you identify other residents having the potential to be affected by the</p>		05/21/2011	

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	<p>began on 3/27/11. The Director of Nursing Services, the Director of Nursing Services Specialist, and the Executive Director were notified of the Immediate Jeopardy on 4/19/11. The Immediate Jeopardy was removed on 4/21/11, but the facility remained out of compliance at a level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because the facility continued to physically assess residents for pressure sore and nutritional risks, identify appropriate interventions, update care plans and nutritional assessments, and inservice all staff.</p> <p>Findings include:</p> <p>1. A facility policy titled "Skin Management Program," dated 1/10, received from the Director of Nursing Services (D.N.S.) on 4/19/11 at 9:15 a.m., and indicated to be the facility's current policy indicated:</p> <p>"Policy: It is the policy of (name of the facility's parent company) to assess each resident to determine the risk of potential skin integrity impairment...</p> <p>Procedure: 2... Residents identified at risk as determined by the reason(s) indicated on the assessment will be provided with pressure relieving devices. A care plan</p>				<p>same deficient practice and what corrective action will be taken?· Residents with risk factors for poor nutritional status have the potential to be affected by the same deficient practice.· Nursing staff were re-educated t the delivery and documentation of meal service and between meal nourishments, food, fluid intake record and bedtime snack by SDC on May 6, 2011.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur· Residents will be assessed for food preferences upon admission and with changes in condition.· Weights are obtained no less than monthly on all residents.· Residents with significant weight loss will be reassessed for dietary preferences by dietary manager· Nursing staff was provided reeducation regarding providing substitutes when less than 75% of a meal is eaten.· Nursing staff was re-educated on resident food preferences and documentation regarding percent of consumption by the staff development coordinator on May 6, 2011· Re-education/disciplinary action will be given for non-compliance with the facility procedureWhat is the date by which the systemic changes will be completed May 21, 2011 How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>will be developed specific to the resident's needs. including prevention interventions. Direct care givers will be notified of the resident's specific prevention interventions...Pressure reduction devices are to be put in place immediately...The licensed nurse will notify the wound nurse of any alterations in skin integrity. The facility assigned wound nurse will complete a further evaluation of wounds identified. The care plan will be initiated/revised addressing any new areas. Direct care givers will be notified of skin alterations and specific care instructions."</p> <p>A facility policy titled "IDT Review of Residents with Weight and Nutritional Concerns," dated 1/10, received from the D.N.S. on 4/19/11 at 9:15 a.m., and indicated to be the facility's current policy indicated:</p> <p>"Residents to review: ...Residents anticipated losing weight prior to triggering weight loss. Residents with significant weight loss.</p> <p>Initial IDT note documentation or residents with weight loss or nutritional concerns...Risk factors for the weight loss to include but not limited to: (1) diagnosis, (2) Medications, (3) Relevant lab results and (4) behaviors and (why the</p>				<p>program will be put into place? The administrator/designee will monitor for compliance. A Significant Weight Change CQI tool will be completed weekly x4, monthly x2 and quarterly thereafter. Identified issues will be submitted to the CQI Committee for review and follow up. Re-education/disciplinary action will be given for non-compliance with facility procedures.What is the date by which the systemic changes will be completed? May 21, 2011</p>		

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	<p>weight loss has occurred...Interventions that are specific to the resident include but are not limited to: (1) calorie dense foods, (2) large portions during bests meals and (3) supplements if food items are ruled out. (4) Pharmokinetics...Updates to nurse aide sheets...Updates to care plans including if possible resident input and preferences.</p> <p>Follow up IDT notes if not gaining weight:...New interventions specific to each resident...Update to care plans including if possible resident input and preferences and whether the resident or family were able to participate in the care plan."</p> <p>A facility policy titled "Nutrition Risk Assessment," dated 5/06, received from the Executive Director on 4/21/11 at 11:00 a.m., and indicated to be the facility's current policy indicated:</p> <p>"Policy: The Nutrition Risk Assessment will be completed...with each significant change in condition...If the resident is identified as MODERATE or HIGH RISK for any risk factor, follow the appropriate strategies/interventions developed and document in the nutrition progress notes and in the care plan....answer the following question: is the resident meeting his/her nutrient...needs? If not,</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 05/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS ROAD INDIANAPOLIS, IN46214			
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	<p>identify changes that should be made in the plan of care to aid the resident in meeting their nutritional needs. Are the care plan goals being met? Do not expect a change to occur (i.e. weight gain/loss) without a change in the approaches..."</p> <p>2. The record of Resident B was reviewed on 4/18/11 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to, acute renal failure, rhabdomyolysis (muscle wasting leading to renal failure), diabetes mellitus, phlebitis, hypertension, hypothyroidism, chronic obstructive pulmonary disease, coronary artery disease, dementia, and psychosis.</p> <p>An Initial Minimum Data Set (M.D.S.) assessment, dated 2/20/11, which indicated Resident B had poor appetite, required assistance for activities of daily living including extensive assistance- one person physical assist for bed mobility, and needed limited assistance-one person physical assistance for eating.</p> <p>Resident B's Nutrition Risk Assessment done 2/9/11, the day of admission, indicated Resident B had a Nutrition Risk Assessment score of 7, with 3-7 being "moderate" and 8 or greater being "high risk."</p>						

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	<p>Resident B's record contained no other Nutrition Risk Assessment. This was confirmed by the Executive Director during interview on 4/21/11 at 11:30 a.m.</p> <p>Resident B had a care plan with a stated problem of "Requires a therapeutic diet related to related to need for dialysis" date 2/22/2011. The care plan's approaches to this problem were:</p> <p>Provide diet per MD order. Honor known food preferences that are within limitations of diet restriction. Monitor weights weekly. Notify MD/Family of significant weight changes. Monitor food/fluid intake at meals. Offer substitute if less than 75% of any meal is consumed. Educate resident on importance of diet compliance, re-direct if possible to accept diet plan.</p> <p>A Dietary Progress Note, dated 2/11/11, indicated Resident B's weight was 179.5 pounds at admission.</p> <p>An I.D.T. (Interdisciplinary Team) Note of 4/6/11 indicated a current weight of 161 pounds, a 10.3 percent weight loss since admission.</p> <p>A Dietary Progress Note of 3/11/11</p>						

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	<p>indicated Resident B was started on a dietary supplement on 3/2/11. There were no other resident-specific dietary interventions noted. There were no additional Dietary Progress notes after 3/11/11.</p> <p>A physician's order, dated 3/11/11, indicated Resident B's weight was to be documented before and after dialysis. The record contained no documentation of these weights.</p> <p>A physician's order, dated 3/4/11, indicated Resident B was to receive 60 ml (millimeters) of a dietary supplement for 30 days, and the amount consumed was to be documented in the resident's record. The resident's record contained no documentation of the amount of the supplement the resident consumed.</p> <p>During an interview with the Dietary Supervisor on 4/19/11 at 10:25 a.m., with the D.N.S present, Resident B's meal consumption records were reviewed. The Dietary Supervisor indicated she had computed Resident B's average meal consumption for the month of March to be 50%. She indicated no changes to Resident B's diet care plan had been made in response to this assessment. The Dietitian and D.N.S. both agreed the dietary supplement consumption had not</p>						

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	<p>been documented as ordered, and that pre and post dialysis weights had not been recorded.</p> <p>During an interview on 4/18/11 at 1:45 p.m. the Assistant Director of Nursing indicated resident B was noncompliant with care, including refusing treatment of his pressure sores, refusing incontinence care, and refusing to eat.</p> <p>Resident B's care plans contained no documentation of any plan or interventions to address his refusal of care.</p> <p>Nurse's notes concerning Resident B's participation in his care included:</p> <p>3/06/11 2:00 p.m. "...refused to get out of bed for breakfast..."</p> <p>3/07/11 2:00 p.m. "Encouraged resident to do more with care. Refuses to attempt to do anything for himself."</p> <p>3/08/11 2:00 p.m. "...C/O (complains) he can't feed himself..."</p> <p>3/09/11 11:00 a.m. "Refuses to attempt to to assist with care...states 'I can't...'"</p> <p>3/21/11 2:00 p.m. "Requires co-ercing (sic) to encourage resident to do anything. for himself. He states 'I can't...'"</p> <p>3/22/11 2:00 p.m. "...always saying 'I can't do it, you need to do everything for me.'"</p>						

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	<p>3/29/11 6:00 p.m. "Repositioned...Resident refuses at times..."</p> <p>3/30/11 2:00 p.m. "...Resident will wiggle self back to lying on back..."</p> <p>3/31/11 11:00 p.m. "...Resident resistive to turning..."</p> <p>4/02/11 2:00 a.m. "...Res has refused to turn from side to side..."</p> <p>4/05/11 3:00 a.m. "...res continues to turn back to back-refuses to (arrow pointing down, symbol for "decrease") pressure on coccyx area..."</p> <p>Resident B had no care plan problems, goals, or interventions for statements he was unable to help himself and was in need of staff interventions, or his refusal to comply with interventions, including feeding himself.</p> <p>A nurse's note, dated 4/11/11 at 8:15 p.m., indicated, "Res. (resident) noted to have several pink/purple discolorations, non-blanchable areas on left buttocks, hip and (arrow pointed down) lower back. Areas have appearance of deep tissue injuries. Left lower buttock: 4 x .5 cm, left buttock: 3 x 3 cm, left front of hip: 1 x 8 cm, yellow in color, left posterior hip: 9 x 10 cm, left lower hip: 7 x 11 cm. Multiple pink/purple areas across lower left back. Res. also noted to be warm to the touch, T (temperature) 103.1 axillary (under the</p>						

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	<p>arm). M.D. notified and order received to send res. to ER (emergency room)."</p> <p>Hospital records indicate Resident B was evaluated in the emergency room on 4/11/11, and admitted to the hospital on 4/12/11. Admitting diagnoses included decubitus ulcers and severe sepsis.</p> <p>A hospital Admission Note, dated 4/12/11, indicated: "History was obtained by both the wife and the ECF (Extended Care Facility). Since his discharge from (acute care hospital) on 2/9, the patient has progressively declined in status from being ambulatory with assistance to being bed bound with decubitus ulcers and urinary incontinence. His nutritional status has diminished and per the ECF he has lost 20 lbs. in the last month. He has gradually lost ability to feed himself. Over the last week he has had more significant decline...In the last 3 days, he has had increased lethargy as well."</p> <p>A hospital Discharge Note, dated 4/20/11, indicated:</p> <p>"Admission diagnosis: Sepsis. Discharge diagnoses: Septic shock, Sacral pressure ulcers, UTI, anemia, rhabdomyolysis, diabetes mellitus...</p> <p>Admission History...He was also found to</p>						

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	<p>have two sacral decubitus ulcers with large eschars for base. He has undergone progressively worsening decline in mental and physical status, developing decubitus ulcers, a UTI, loss of 20 lbs., and inability to feed himself...Sacral pressure ulcers: debrided 4/15...stage 3-4, unable to stage definitively due to debris. ..Pt. on air bed with frequent turning and BID (twice a day) wound changes. Plastic surgery was consulted 4/18, recommended hydrotherapy/pulse lavage daily and packing large ulcer with moist-to-dry dressings twice per day...verified need for regular, aggressive wound care..."</p> <p>At exit on 4/21/11 at 4:00 p.m. the facility provided no additional documentation of updated or modified nutritional interventions for Resident B.</p> <p>An Immediate Jeopardy was identified on 4/19/11 at 2:45 p.m. The Immediate jeopardy began on 3/27/11 when the facility failed to ensure a resident at risk for weight loss and not maintaining therapeutic nutritional level received adequate nutritional interventions to prevent significant weight loss by not assessing nutritional needs in a timely fashion, monitoring nutritional supplement intake as ordered by the physician, not responding to the resident's repeated requests for additional assistance</p>						

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	<p>from staff, and not updating the resident's dietary care plan. The Director of Nursing Services, the Director of Nursing Services Specialist and the Executive Director were notified of the Immediate Jeopardy on 4/19/11 at 3:20 p.m. of the Immediate Jeopardy related to care and services for pressure ulcer prevention and treatment. The Immediate Jeopardy was removed on 4/21/11 at 4:50 p.m. when through observations, interview, and record reviews, it was determined the facility had implemented the plan of action to remove the Immediate Jeopardy and that the steps taken removed the immediacy of the problem. Resident assessments and audits of all resident records by the facility, plans of correction for discovered concerns, and employee services were reviewed. Residents with pressure sores were observed to assess treatment and condition. Even though the facility corrective action removed the Immediate Jeopardy, the facility remained out of compliance at a reduced scope and severity level of isolated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>This federal tag relates to Complaint IN00089400.</p>						

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	3.1-46(a)(1) 3.1-46(a)(2)						